

# Disclaimer

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Note: This form can be viewed and saved only using Adobe Acrobat Reader version 7.0 or higher, or if you have the full Adobe Professional version.

Instructions:

1. Type in your information
2. Save file (if desired)
3. Print the completed form
4. Sign and date the printed copy
5. Mail it to the directed contact.

FORM  
**2A**  
NPDES**NPDES FORM 2A APPLICATION OVERVIEW****APPLICATION OVERVIEW**

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

**BASIC APPLICATION INFORMATION:**

- A. Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. Certification.** All applicants must complete Part C (Certification).

**SUPPLEMENTAL APPLICATION INFORMATION:**

- D. Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to provide the information.
- E. Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  1. Has a design flow rate greater than or equal to 1 mgd,
  2. Is required to have a pretreatment program (or has one in place), or
  3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

**BASIC APPLICATION INFORMATION****PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:****All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.****A.1. Facility Information.**

Facility name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

Facility Address \_\_\_\_\_

(not P.O. Box) \_\_\_\_\_

**A.2. Applicant Information.** If the applicant is different from the above, provide the following:

Applicant name \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact person \_\_\_\_\_

Title \_\_\_\_\_

Telephone number \_\_\_\_\_

**Is the applicant the owner or operator (or both) of the treatment works?**

\_\_\_\_\_ owner \_\_\_\_\_ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

\_\_\_\_\_ facility \_\_\_\_\_ applicant

**A.3. Existing Environmental Permits.** Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES \_\_\_\_\_

PSD \_\_\_\_\_

UIC \_\_\_\_\_

Other \_\_\_\_\_

RCRA \_\_\_\_\_

Other \_\_\_\_\_

**A.4. Collection System Information.** Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
<b>Total population served</b> _____			

**A.5. Indian Country.**

- a. Is the treatment works located in Indian Country?

\_\_\_\_\_ Yes \_\_\_\_\_ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate \_\_\_\_\_ mgd

Two Years AgoLast YearThis Year

- b. Annual average daily flow rate \_\_\_\_\_ mgd

- c. Maximum daily flow rate \_\_\_\_\_ mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

\_\_\_\_\_ Separate sanitary sewer \_\_\_\_\_ %

\_\_\_\_\_ Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

- a. Does the treatment works discharge effluent to waters of the U.S.? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

- i. Discharges of treated effluent \_\_\_\_\_

- ii. Discharges of untreated or partially treated effluent \_\_\_\_\_

- iii. Combined sewer overflow points \_\_\_\_\_

- iv. Constructed emergency overflows (prior to the headworks) \_\_\_\_\_

- v. Other \_\_\_\_\_

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_

Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd

Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_

Number of acres: \_\_\_\_\_

Annual average daily volume applied to site: \_\_\_\_\_ Mgd

Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works?

\_\_\_\_\_ Yes \_\_\_\_\_ No

**FACILITY NAME AND PERMIT NUMBER:**

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If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name:

Mailing Address:

Contact person:

Title:

Telephone number:

For each treatment works that receives this discharge, provide the following:

Name:

Mailing Address:

Contact person:

Title:

Telephone number:

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

Yes

No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method

continuous or

intermittent?

**WASTEWATER DISCHARGES:**

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 **once for each outfall** (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

**A.9. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
(City or town, if applicable) (Zip Code)  
\_\_\_\_\_  
(County) (State)  
\_\_\_\_\_  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Average daily flow rate \_\_\_\_\_ mgd
- f. Does this outfall have either an intermittent or a periodic discharge?  
\_\_\_\_\_ Yes \_\_\_\_\_ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser? \_\_\_\_\_ Yes \_\_\_\_\_ No

**A.10. Description of Receiving Waters.**

- a. Name of receiving water \_\_\_\_\_
- b. Name of watershed (if known) \_\_\_\_\_  
United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): \_\_\_\_\_  
United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_
- d. Critical low flow of receiving stream (if applicable):  
acute \_\_\_\_\_ cfs chronic \_\_\_\_\_ cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): \_\_\_\_\_ mg/l of  $\text{CaCO}_3$

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086**A.11. Description of Treatment.**

- a. What levels of treatment are provided? Check all that apply.

☐ Primary☐ Secondary☐ Advanced☐ Other. Describe: \_\_\_\_\_

- b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal \_\_\_\_\_ %

Design SS removal \_\_\_\_\_ %

Design P removal \_\_\_\_\_ %

Design N removal \_\_\_\_\_ %

Other \_\_\_\_\_ %

- c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

If disinfection is by chlorination, is dechlorination used for this outfall? ☐ Yes ☐ No

- d. Does the treatment plant have post aeration?
- ☐
- Yes
- ☐
- No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: \_\_\_\_\_

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)		s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5						
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)							

**END OF PART A.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**BASIC APPLICATION INFORMATION****PART B. ADDITIONAL APPLICATION INFORMATION FOR APPLICANTS WITH A DESIGN FLOW GREATER THAN OR EQUAL TO 0.1 MGD (100,000 gallons per day).**

All applicants with a design flow rate  $\geq 0.1$  mgd must answer questions B.1 through B.6. All others go to Part C (Certification).

**B.1. Inflow and Infiltration.** Estimate the average number of gallons per day that flow into the treatment works from inflow and/or infiltration.

\_\_\_\_\_ gpd

Briefly explain any steps underway or planned to minimize inflow and infiltration.

\_\_\_\_\_  
\_\_\_\_\_

**B.2. Topographic Map.** Attach to this application a topographic map of the area extending at least one mile beyond facility property boundaries. This map must show the outline of the facility and the following information. (You may submit more than one map if one map does not show the entire area.)

- a. The area surrounding the treatment plant, including all unit processes.
- b. The major pipes or other structures through which wastewater enters the treatment works and the pipes or other structures through which treated wastewater is discharged from the treatment plant. Include outfalls from bypass piping, if applicable.
- c. Each well where wastewater from the treatment plant is injected underground.
- d. Wells, springs, other surface water bodies, and drinking water wells that are: 1) within 1/4 mile of the property boundaries of the treatment works, and 2) listed in public record or otherwise known to the applicant.
- e. Any areas where the sewage sludge produced by the treatment works is stored, treated, or disposed.
- f. If the treatment works receives waste that is classified as hazardous under the Resource Conservation and Recovery Act (RCRA) by truck, rail, or special pipe, show on the map where that hazardous waste enters the treatment works and where it is treated, stored, and/or disposed.

**B.3. Process Flow Diagram or Schematic.** Provide a diagram showing the processes of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system. Also provide a water balance showing all treatment units, including disinfection (e.g, chlorination and dechlorination). The water balance must show daily average flow rates at influent and discharge points and approximate daily flow rates between treatment units. Include a brief narrative description of the diagram.

**B.4. Operation/Maintenance Performed by Contractor(s).**

Are any operational or maintenance aspects (related to wastewater treatment and effluent quality) of the treatment works the responsibility of a contractor? \_\_\_\_ Yes \_\_\_\_ No

If yes, list the name, address, telephone number, and status of each contractor and describe the contractor's responsibilities (attach additional pages if necessary).

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Responsibilities of Contractor: \_\_\_\_\_

**B.5. Scheduled Improvements and Schedules of Implementation.** Provide information on any uncompleted implementation schedule or uncompleted plans for improvements that will affect the wastewater treatment, effluent quality, or design capacity of the treatment works. If the treatment works has several different implementation schedules or is planning several improvements, submit separate responses to question B.5 for each. (If none, go to question B.6.)

- a. List the outfall number (assigned in question A.9) for each outfall that is covered by this implementation schedule.

\_\_\_\_\_

- b. Indicate whether the planned improvements or implementation schedule are required by local, State, or Federal agencies.

\_\_\_\_ Yes \_\_\_\_ No



- c If the answer to B.5.b is "Yes," briefly describe, including new maximum daily inflow rate (if applicable).

\_\_\_\_\_

- d. Provide dates imposed by any compliance schedule or any actual dates of completion for the implementation steps listed below, as applicable. For improvements planned independently of local, State, or Federal agencies, indicate planned or actual completion dates, as applicable. Indicate dates as accurately as possible.

Implementation Stage	Schedule MM / DD / YYYY	Actual Completion MM / DD / YYYY
– Begin construction	___/___/___	___/___/___
– End construction	___/___/___	___/___/___
– Begin discharge	___/___/___	___/___/___
– Attain operational level	___/___/___	___/___/___

- e. Have appropriate permits/clearances concerning other Federal/State requirements been obtained? \_\_\_\_Yes \_\_\_\_No

Describe briefly: \_\_\_\_\_  
\_\_\_\_\_

#### B.6. EFFLUENT TESTING DATA (GREATER THAN 0.1 MGD ONLY).

Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall Number: \_\_\_\_\_

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		
CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.							
AMMONIA (as N)							
CHLORINE (TOTAL RESIDUAL, TRC)							
DISSOLVED OXYGEN							
TOTAL KJELDAHL NITROGEN (TKN)							
NITRATE PLUS NITRITE NITROGEN							
OIL and GREASE							
PHOSPHORUS (Total)							
TOTAL DISSOLVED SOLIDS (TDS)							
OTHER							

**END OF PART B.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

FACILITY NAME AND PERMIT NUMBER:

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## BASIC APPLICATION INFORMATION

### PART C. CERTIFICATION

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

#### Indicate which parts of Form 2A you have completed and are submitting:

<input type="checkbox"/> Basic Application Information packet	<input type="checkbox"/> Supplemental Application Information packet:
	<input type="checkbox"/> Part D (Expanded Effluent Testing Data)
	<input type="checkbox"/> Part E (Toxicity Testing: Biomonitoring Data)
	<input type="checkbox"/> Part F (Industrial User Discharges and RCRA/CERCLA Wastes)
	<input type="checkbox"/> Part G (Combined Sewer Systems)

#### ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title \_\_\_\_\_

Signature JOSEPH M. ROGERS JR

Telephone number \_\_\_\_\_

Date signed \_\_\_\_\_

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

FACILITY NAME AND PERMIT NUMBER:

Form Approved 1/14/99  
OMB Number 2040-0086**SUPPLEMENTAL APPLICATION INFORMATION****PART D. EXPANDED EFFLUENT TESTING DATA****Refer to the directions on the cover page to determine whether this section applies to the treatment works.**

**Effluent Testing: 1.0 mgd and Pretreatment Treatment Works.** If the treatment works has a design flow greater than or equal to 1.0 mgd or it has (or is required to have) a pretreatment program, or is otherwise required by the permitting authority to provide the data, then provide effluent testing data for the following pollutants. Provide the indicated effluent testing information and any other information required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analyses conducted using 40 CFR Part 136 methods. In addition, these data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. Indicate in the blank rows provided below any data you may have on pollutants not specifically listed in this form. At a minimum, effluent testing data must be based on at least three pollutant scans and must be no more than four and one-half years old.

Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>METALS (TOTAL RECOVERABLE), CYANIDE, PHENOLS, AND HARDNESS.</b>											
ANTIMONY											
ARSENIC											
BERYLLIUM											
CADMIUM											
CHROMIUM											
COPPER											
LEAD											
MERCURY											
NICKEL											
SELENIUM											
SILVER											
THALLIUM											
ZINC											
CYANIDE											
TOTAL PHENOLIC COMPOUNDS											
HARDNESS (AS CaCO <sub>3</sub> )											
Use this space (or a separate sheet) to provide information on other metals requested by the permit writer.											

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
<b>VOLATILE ORGANIC COMPOUNDS.</b>											
ACROLEIN											
ACRYLONITRILE											
BENZENE											
BROMOFORM											
CARBON TETRACHLORIDE											
CLOROBENZENE											
CHLORODIBROMO-METHANE											
CHLOROETHANE											
2-CHLORO-ETHYL VINYL ETHER											
CHLOROFORM											
DICHLOROBROMO-METHANE											
1,1-DICHLOROETHANE											
1,2-DICHLOROETHANE											
TRANS-1,2-DICHLORO-ETHYLENE											
1,1-DICHLOROETHYLENE											
1,2-DICHLOROPROPANE											
1,3-DICHLORO-PROPYLENE											
ETHYLBENZENE											
METHYL BROMIDE											
METHYL CHLORIDE											
METHYLENE CHLORIDE											
1,1,2,2-TETRACHLORO-ETHANE											
TETRACHLORO-ETHYLENE											
TOLUENE											

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
1,1,1-TRICHLOROETHANE											
1,1,2-TRICHLOROETHANE											
TRICHLORETHYLENE											
VINYL CHLORIDE											

Use this space (or a separate sheet) to provide information on other volatile organic compounds requested by the permit writer.

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**ACID-EXTRACTABLE COMPOUNDS**

P-CHLORO-M-CRESOL											
2-CHLOROPHENOL											
2,4-DICHLOROPHENOL											
2,4-DIMETHYLPHENOL											
4,6-DINITRO-O-CRESOL											
2,4-DINITROPHENOL											
2-NITROPHENOL											
4-NITROPHENOL											
PENTACHLOROPHENOL											
PHENOL											
2,4,6-TRICHLOROPHENOL											

Use this space (or a separate sheet) to provide information on other acid-extractable compounds requested by the permit writer.

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**BASE-NEUTRAL COMPOUNDS.**

ACENAPHTHENE											
ACENAPHTHYLENE											
ANTHRACENE											
BENZIDINE											
BENZO(A)ANTHRACENE											
BENZO(A)PYRENE											

**FACILITY NAME AND PERMIT NUMBER:**

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
3,4 BENZO-FLUORANTHENE											
BENZO(GHI)PERYLENE											
BENZO(K)FLUORANTHENE											
BIS (2-CHLOROETHOXY) METHANE											
BIS (2-CHLOROETHYL)-ETHER											
BIS (2-CHLOROISO-PROPYL) ETHER											
BIS (2-ETHYLHEXYL) PHTHALATE											
4-BROMOPHENYL PHENYL ETHER											
BUTYL BENZYL PHTHALATE											
2-CHLORONAPHTHALENE											
4-CHLORPHENYL PHENYL ETHER											
CHRYSENE											
DI-N-BUTYL PHTHALATE											
DI-N-OCTYL PHTHALATE											
DIBENZO(A,H) ANTHRACENE											
1,2-DICHLOROBENZENE											
1,3-DICHLOROBENZENE											
1,4-DICHLOROBENZENE											
3,3-DICHLOROBENZIDINE											
DIETHYL PHTHALATE											
DIMETHYL PHTHALATE											
2,4-DINITROTOLUENE											
2,6-DINITROTOLUENE											
1,2-DIPHENYLHYDRAZINE											

FACILITY NAME AND PERMIT NUMBER:

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Outfall number: \_\_\_\_\_ (Complete once for each outfall discharging effluent to waters of the United States.)

POLLUTANT	MAXIMUM DAILY DISCHARGE				AVERAGE DAILY DISCHARGE					ANALYTICAL METHOD	ML/ MDL
	Conc.	Units	Mass	Units	Conc.	Units	Mass	Units	Number of Samples		
FLUORANTHENE											
FLUORENE											
HEXACHLOROBENZENE											
HEXACHLOROBUTADIENE											
HEXACHLOROCYCLO-PENTADIENE											
HEXACHLOROETHANE											
INDENO(1,2,3-CD)PYRENE											
ISOPHORONE											
NAPHTHALENE											
NITROBENZENE											
N-NITROSODI-N-PROPYLAMINE											
N-NITROSODI- METHYLAMINE											
N-NITROSODI-PHENYLAMINE											
PHENANTHRENE											
PYRENE											
1,2,4-TRICHLOROBENZENE											

Use this space (or a separate sheet) to provide information on other base-neutral compounds requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--

Use this space (or a separate sheet) to provide information on other pollutants (e.g., pesticides) requested by the permit writer.

--	--	--	--	--	--	--	--	--	--	--	--

**END OF PART D.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**SUPPLEMENTAL APPLICATION INFORMATION****PART E. TOXICITY TESTING DATA**

POTWs meeting one or more of the following criteria must provide the results of whole effluent toxicity tests for acute or chronic toxicity for each of the facility's discharge points: 1) POTWs with a design flow rate greater than or equal to 1.0 mgd; 2) POTWs with a pretreatment program (or those that are required to have one under 40 CFR Part 403); or 3) POTWs required by the permitting authority to submit data for these parameters.

- At a minimum, these results must include quarterly testing for a 12-month period within the past 1 year using multiple species (minimum of two species), or the results from four tests performed at least annually in the four and one-half years prior to the application, provided the results show no appreciable toxicity, and testing for acute and/or chronic toxicity, depending on the range of receiving water dilution. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136.
- In addition, submit the results of any other whole effluent toxicity tests from the past four and one-half years. If a whole effluent toxicity test conducted during the past four and one-half years revealed toxicity, provide any information on the cause of the toxicity or any results of a toxicity reduction evaluation, if one was conducted.
- If you have already submitted any of the information requested in Part E, you need not submit it again. Rather, provide the information requested in question E.4 for previously submitted information. If EPA methods were not used, report the reasons for using alternate methods. If test summaries are available that contain all of the information requested below, they may be submitted in place of Part E.

If no biomonitoring data is required, do not complete Part E. Refer to the Application Overview for directions on which other sections of the form to complete.

**E.1. Required Tests.**

Indicate the number of whole effluent toxicity tests conducted in the past four and one-half years.

\_\_\_\_chronic      \_\_\_\_acute

**E.2. Individual Test Data.** Complete the following chart for each whole effluent toxicity test conducted in the last four and one-half years. Allow one column per test (where each species constitutes a test). Copy this page if more than three tests are being reported.

Test number: \_\_\_\_\_ Test number: \_\_\_\_\_ Test number: \_\_\_\_\_

**a. Test information.**

Test species & test method number			
Age at initiation of test			
Outfall number			
Dates sample collected			
Date test started			
Duration			

**b. Give toxicity test methods followed.**

Manual title			
Edition number and year of publication			
Page number(s)			

**c. Give the sample collection method(s) used. For multiple grab samples, indicate the number of grab samples used.**

24-Hour composite			
Grab			

**d. Indicate where the sample was taken in relation to disinfection. (Check all that apply for each)**

Before disinfection			
After disinfection			
After dechlorination			



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Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

Test number: \_\_\_\_\_

e. Describe the point in the treatment process at which the sample was collected.

Sample was collected:

f. For each test, include whether the test was intended to assess chronic toxicity, acute toxicity, or both.

Chronic toxicity

Acute toxicity

g. Provide the type of test performed.

Static

Static-renewal

Flow-through

h. Source of dilution water. If laboratory water, specify type; if receiving water, specify source.

Laboratory water

Receiving water

i. Type of dilution water. If salt water, specify "natural" or type of artificial sea salts or brine used.

Fresh water

Salt water

j. Give the percentage effluent used for all concentrations in the test series.

k. Parameters measured during the test. (State whether parameter meets test method specifications)

pH

Salinity

Temperature

Ammonia

Dissolved oxygen

l. Test Results.

Acute:

Percent survival in 100%  
effluent

%

%

%

LC<sub>50</sub>

95% C.I.

%

%

%

Control percent survival

%

%

%

Other (describe)

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Chronic:

NOEC	%	%	%
IC <sub>25</sub>	%	%	%
Control percent survival	%	%	%
Other (describe)			

m. Quality Control/Quality Assurance.

Is reference toxicant data available?			
Was reference toxicant test within acceptable bounds?			
What date was reference toxicant test run (MM/DD/YYYY)?			
Other (describe)			

**E.3. Toxicity Reduction Evaluation.** Is the treatment works involved in a Toxicity Reduction Evaluation?

\_\_\_ Yes \_\_\_ No      If yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E.4. Summary of Submitted Biomonitoring Test Information.** If you have submitted biomonitoring test information, or information regarding the cause of toxicity, within the past four and one-half years, provide the dates the information was submitted to the permitting authority and a summary of the results.

Date submitted: \_\_\_\_\_ (MM/DD/YYYY)

Summary of results: (see instructions)

\_\_\_\_\_  
\_\_\_\_\_

**END OF PART E.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

**SUPPLEMENTAL APPLICATION INFORMATION****PART F. INDUSTRIAL USER DISCHARGES AND RCRA/CERCLA WASTES**

All treatment works receiving discharges from significant industrial users or which receive RCRA, CERCLA, or other remedial wastes must complete Part F.

**GENERAL INFORMATION:**

**F.1. Pretreatment Program.** Does the treatment works have, or is it subject to, an approved pretreatment program?

\_\_\_\_ Yes \_\_\_\_ No

**F.2. Number of Significant Industrial Users (SIUs) and Categorical Industrial Users (CIUs).** Provide the number of each of the following types of industrial users that discharge to the treatment works.

a. Number of non-categorical SIUs. \_\_\_\_\_

b. Number of CIUs. \_\_\_\_\_

**SIGNIFICANT INDUSTRIAL USER INFORMATION:**

Supply the following information for each SIU. If more than one SIU discharges to the treatment works, copy questions F.3 through F.8 and provide the information requested for each SIU.

**F.3. Significant Industrial User Information.** Provide the name and address of each SIU discharging to the treatment works. Submit additional pages as necessary.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**F.4. Industrial Processes.** Describe all of the industrial processes that affect or contribute to the SIU's discharge.

\_\_\_\_\_

**F.5. Principal Product(s) and Raw Material(s).** Describe all of the principal processes and raw materials that affect or contribute to the SIU's discharge.

Principal product(s): \_\_\_\_\_

Raw material(s): \_\_\_\_\_

**F.6. Flow Rate.**

a. Process wastewater flow rate. Indicate the average daily volume of process wastewater discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_\_ continuous or \_\_\_\_ intermittent)

b. Non-process wastewater flow rate. Indicate the average daily volume of non-process wastewater flow discharged into the collection system in gallons per day (gpd) and whether the discharge is continuous or intermittent.

\_\_\_\_\_ gpd (\_\_\_\_ continuous or \_\_\_\_ intermittent)

**F.7. Pretreatment Standards.** Indicate whether the SIU is subject to the following:

a. Local limits \_\_\_\_\_ Yes \_\_\_\_ No

b. Categorical pretreatment standards \_\_\_\_\_ Yes \_\_\_\_ No

If subject to categorical pretreatment standards, which category and subcategory?

\_\_\_\_\_

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**F.8. Problems at the Treatment Works Attributed to Waste Discharged by the SIU.** Has the SIU caused or contributed to any problems (e.g., upsets, interference) at the treatment works in the past three years?

\_\_\_ Yes \_\_\_ No      If yes, describe each episode.

\_\_\_\_\_  
\_\_\_\_\_

**RCRA HAZARDOUS WASTE RECEIVED BY TRUCK, RAIL, OR DEDICATED PIPELINE:**

**F.9. RCRA Waste.** Does the treatment works receive or has it in the past three years received RCRA hazardous waste by truck, rail, or dedicated pipe? \_\_\_ Yes \_\_\_ No (go to F.12.)

**F.10. Waste Transport.** Method by which RCRA waste is received (check all that apply):

\_\_\_ Truck      \_\_\_ Rail      \_\_\_ Dedicated Pipe

**F.11. Waste Description.** Give EPA hazardous waste number and amount (volume or mass, specify units).

EPA Hazardous Waste Number

Amount

Units

_____	_____	_____
_____	_____	_____
_____	_____	_____

**CERCLA (SUPERFUND) WASTEWATER, RCRA REMEDIATION/CORRECTIVE ACTION WASTEWATER, AND OTHER REMEDIAL ACTIVITY WASTEWATER:**

**F.12. Remediation Waste.** Does the treatment works currently (or has it been notified that it will) receive waste from remedial activities?

\_\_\_ Yes (complete F.13 through F.15.)      \_\_\_ No

Provide a list of sites and the requested information (F.13 - F.15.) for each current and future site.

**F.13. Waste Origin.** Describe the site and type of facility at which the CERCLA/RCRA/or other remedial waste originates (or is expected to originate in the next five years).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**F.14. Pollutants.** List the hazardous constituents that are received (or are expected to be received). Include data on volume and concentration, if known. (Attach additional sheets if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**F.15. Waste Treatment.**

a. Is this waste treated (or will it be treated) prior to entering the treatment works?

\_\_\_ Yes \_\_\_ No

If yes, describe the treatment (provide information about the removal efficiency):

\_\_\_\_\_  
\_\_\_\_\_

b. Is the discharge (or will the discharge be) continuous or intermittent?

\_\_\_ Continuous      \_\_\_ Intermittent      If intermittent, describe discharge schedule.

\_\_\_\_\_

**END OF PART F.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**SUPPLEMENTAL APPLICATION INFORMATION****PART G. COMBINED SEWER SYSTEMS****If the treatment works has a combined sewer system, complete Part G.****G.1. System Map.** Provide a map indicating the following: (may be included with Basic Application Information)

- a. All CSO discharge points.
- b. Sensitive use areas potentially affected by CSOs (e.g., beaches, drinking water supplies, shellfish beds, sensitive aquatic ecosystems, and outstanding natural resource waters).
- c. Waters that support threatened and endangered species potentially affected by CSOs.

**G.2. System Diagram.** Provide a diagram, either in the map provided in G.1. or on a separate drawing, of the combined sewer collection system that includes the following information:

- a. Locations of major sewer trunk lines, both combined and separate sanitary.
- b. Locations of points where separate sanitary sewers feed into the combined sewer system.
- c. Locations of in-line and off-line storage structures.
- d. Locations of flow-regulating devices.
- e. Locations of pump stations.

**CSO OUTFALLS:****Complete questions G.3 through G.6 once for each CSO discharge point.****G.3. Description of Outfall.**

- a. Outfall number \_\_\_\_\_
- b. Location \_\_\_\_\_  
(City or town, if applicable) (Zip Code)  
\_\_\_\_\_  
(County) (State)  
\_\_\_\_\_  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) \_\_\_\_\_ ft.
- d. Depth below surface (if applicable) \_\_\_\_\_ ft.
- e. Which of the following were monitored during the last year for this CSO?  
  
 \_\_\_\_ Rainfall      \_\_\_\_ CSO pollutant concentrations      \_\_\_\_ CSO frequency  
 \_\_\_\_ CSO flow volume      \_\_\_\_ Receiving water quality
- f. How many storm events were monitored during the last year? \_\_\_\_\_

**G.4. CSO Events.**

- a. Give the number of CSO events in the last year.  
\_\_\_\_\_ events (\_\_\_\_ actual or \_\_\_\_ approx.)
- b. Give the average duration per CSO event.  
\_\_\_\_\_ hours (\_\_\_\_ actual or \_\_\_\_ approx.)

- c. Give the average volume per CSO event.  
\_\_\_\_\_ million gallons (\_\_\_\_\_ actual or \_\_\_\_\_ approx.)
- d. Give the minimum rainfall that caused a CSO event in the last year.  
\_\_\_\_\_ inches of rainfall

**G.5. Description of Receiving Waters.**

- a. Name of receiving water: \_\_\_\_\_
- b. Name of watershed/river/stream system: \_\_\_\_\_
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin: \_\_\_\_\_
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): \_\_\_\_\_

**G.6. CSO Operations.**

Describe any known water quality impacts on the receiving water caused by this CSO (e.g., permanent or intermittent beach closings, permanent or intermittent shell fish bed closings, fish kills, fish advisories, other recreational loss, or violation of any applicable State water quality standard).

\_\_\_\_\_  
\_\_\_\_\_

**END OF PART G.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE.**

Additional information, if provided, will appear on the following pages.

## VPDES Permit Application Addendum

1. **Entity to whom the permit is to be issued:** Loudoun Milling Company

*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. **Is this facility located within city or town boundaries?** Yes ☐ No ☒

3. **Provide the tax map parcel number for the land where the discharge is located.** /37////////83A

4. **For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities?** 2.0

5. **What is the design average effluent flow of this facility?** 0.009 MGD

**For industrial facilities, provide the max. 30-day average production level, include units:**

NA

**In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels?** Yes ☒ No ☐

If "Yes", please identify the other flow tiers (in MGD) or production levels:

0.0045 MGD

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

6. **Nature of operations generating wastewater:**

Restaurant, Convenience Store, Animal Feed, Building Supply

0 % of flow from domestic connections/sources

Number of private residences to be served by the treatment works: none

100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** ☒ Continuous ☐ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

NA

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point:**

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other: \_\_\_\_\_

9. **Approval Date(s):**

**O & M Manual** NA, Proposed facility **Sludge/Solids Management Plan** See Attached

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒



#### 10. **Privately Owned Treatment Works**

If this application is for a privately owned treatment works serving, or designed to serve, 50 or more residences, you must include with your application notification from the State Corporation Commission that you are incorporated in the Commonwealth and verification from the SCC that you are in compliance with all regulations and relevant orders of the State Corporation Commission. Incorporated also includes Limited Liability Companies (LLCs), Limited Partnerships (LPs) and certificates of authority. **NA**

#### 11. **Consent to receive electronic mail**

The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email:     LCMILLINGCO@aol.com    

- ☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.

## VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

## SCREENING INFORMATION

This application is divided into sections. Sections A pertain to all applicants. The applicability of Sections B, C and D depend on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Will this facility generate sewage sludge? ☒ Yes ☐ No

Will this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered Yes to either, complete Section B (Generation Of Sewage Sludge Or Preparation Of A Material Derived From Sewage Sludge).

3. Will this facility apply sewage sludge to the land? ☐ Yes ☒ No

Will sewage sludge from this facility be applied to the land? ☐ Yes ☒ No

If you answered No to both questions above, skip Section C.

If you answered Yes to either, answer the following three questions:

a. Will the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions? **NA**  
☐ Yes ☐ No

b. Will sewage sludge from this facility be placed in a bag or other container for sale or give-away for application to the land? ☐ Yes ☐ No **NA**

c. Will sewage sludge from this facility be sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered No to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered Yes to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If Yes, complete Section D (Surface Disposal).

## SECTION A. GENERAL INFORMATION

All applicants must complete this section.

1. Facility Information.
  - a. Facility name: Loudoun County Milling Company Wastewater Treatment Plant
  - b. Contact person: Joseph M. Rogers, Jr.  
Title: President  
Phone: (540) 338 - 7161
  - c. Mailing address:  
Street or P.O. Box: 18074 Harmony Church Road  
City or Town: Hamilton State: Virginia Zip: 20158
  - d. Facility location:  
Street or Route #: NE Corner, intersection of Route 7 (bypass) and SR 704  
County: Loudoun  
City or Town: \_\_\_\_\_NA\_\_\_\_\_ State: Virginia Zip: 20158
  - e. Is this facility a Class I sludge management facility? \_\_\_Yes X No
  - f. Facility design flow rate: 0.009 (mgd) ultimate
  - g. Total population served: Commercial/Transient
  - h. Indicate the type of facility:  
\_\_\_ Publicly owned treatment works (POTW)  
X Privately owned treatment works  
\_\_\_ Federally owned treatment works  
\_\_\_ Blending or treatment operation  
\_\_\_ Surface disposal site  
\_\_\_ Other (describe):
2. Applicant Information. If the applicant is different from the above, provide the following:
  - a. Applicant name: Same as above
  - b. **Mailing address:**  
**Street or P.O. Box:**  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
  - c. Contact person:  
Title:  
Phone: ( )
  - d. Is the applicant the owner or operator (or both) of this facility?  
X owner X operator
  - e. Should correspondence regarding this permit be directed to the facility or the applicant? (Check one)  
\_\_\_\_\_ facility X applicant
3. Permit Information.
  - a. Facility's VPDES permit number (if applicable): Not Yet Issued
  - b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices: NA  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Indian Country. Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? \_\_\_Yes X No If yes, describe:

**FACILITY NAME:** Loudoun County Milling Company WWTP

**VPDES PERMIT NUMBER:** Not yet issued

5. Topographic Map. Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility: Attached
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
  - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. Line Drawing. Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. Contractor Information. Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? X Yes \_\_\_No  
If yes, provide the following for each contractor (attach additional pages if necessary).  
Name: \_ Contract hauler for stabilized, concentrated liquid sludge  
Mailing address: Hauler not yet selected (Will be an appropriately licensed hauler.)  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
- If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s). NA
8. Pollutant Concentrations. Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old. **No data available. Facility does not currently exist.**

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic				
Cadmium				
Chromium				
Copper				
Lead				
Mercury				
Molybdenum				
Nickel				
Selenium				
Zinc				

9. Certification. Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:
- X Section A (General Information)  
X Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)  
\_\_\_Section C (Land Application of Bulk Sewage Sludge)  
\_\_\_Section D (Surface Disposal)

**FACILITY NAME:** Loudoun County Milling Company WWTP

**VPDES PERMIT NUMBER:** Not yet issued

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title

Signature \_\_\_\_\_ Date Signed

Telephone number

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.  
Total dry metric tons per 365-day period generated at your facility: 5 dry metric tons
2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary. **NA**
  - a. Facility name:
  - b. Contact Person:  
Title:  
Phone ( )
  - c. Mailing address:  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip:
  - d. Facility Address:  
(not P.O. Box)
  - e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons
  - f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:
3. Treatment Provided at Your Facility.
  - a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?  
\_\_\_ Class A \_\_\_ Class B ☒ Neither or unknown
  - b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: There is some marginal pathogen reduction benefit as a result of extended detention time in the aerated sludge holding tanks.
  - c. Which vector attraction reduction option is met for the sewage sludge at your facility?  
\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)  
\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)  
\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)  
\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
\_\_\_ Option 5 (Aerobic processes plus raised temperature)  
\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)  
\_\_\_ Option 7 (75 percent solids with no unstabilized solids)  
\_\_\_ Option 8 (90 percent solids with unstabilized solids)  
☒ None or unknown
  - d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: There is some marginal vector attraction reduction benefit as a result of extended detention time in the aerated sludge holding tanks.
  - e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: None
4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge). **NA**  
(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)
  - a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:  
\_\_\_\_\_ dry metric tons
  - b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?  
\_\_\_ Yes \_\_\_ No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land. NA

(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

## 6. Shipment Off Site for Treatment or Blending.

(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)

- a. Receiving facility name: Loudoun Water Broad Run WRF
- b. Facility contact: Ben Shoemaker  
Title: Regulatory & Compliance  
Phone: (571) 291-7937
- c. Mailing address: 44961 Loudoun Water Way  
Street or P.O. Box: PO Box 4000  
City or Town: Ashburn State: Virginia Zip: 20147
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility: 5 dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number:

VA0091383

Type of Permit:

VPDES

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility? X Yes    No  
Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?  
   Class A    Class B    Neither or unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Transport truck will discharge to Loudoun Water's septage receiving station which generally discharges to the BRWRF influent pumping station and mixes hauled waste with the BRWTF influent flows. Solids processing includes gravity thickening followed by anaerobic digestion with final disposal by land application through a contractor or to landfill
- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? X Yes    No  
Which vector attraction reduction option is met for the sewage sludge at the receiving facility?  
X Option 1 (Minimum 38 percent reduction in volatile solids)  
   Option 2 (Anaerobic process, with bench-scale demonstration)  
   Option 3 (Aerobic process, with bench-scale demonstration)  
   Option 4 (Specific oxygen uptake rate for aerobically digested sludge)  
   Option 5 (Aerobic processes plus raised temperature)  
   Option 6 (Raise pH to 12 and retain at 11.5)  
   Option 7 (75 percent solids with no unstabilized solids)  
   Option 8 (90 percent solids with unstabilized solids)  
   None unknown  
Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge:
- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?  
   Yes X No  
If yes, describe, on this form or another sheet of paper, the treatment processes not identified in f or g above:

**FACILITY NAME:** Loudoun County Milling Company WWTP

**VPDES PERMIT NUMBER:** Not yet issued

- i. If you answered yes to f., g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G. Loudoun Water is held to 9VAC25-31-530.F which states "When a person who prepares bulk biosolids provides the bulk biosolids to a person who applies the bulk biosolids to the land, the person who prepares the bulk biosolids shall provide the person who applies the biosolids notice and necessary information to comply with the requirements in this article." Consequently, if sending sludge to Loudoun Water, Loudoun County Milling Company will be held to 9VAC25-31-530.G which states "When a person who prepares bulk biosolids provides the biosolids to another person who prepares the bulk biosolids, the person who provides the biosolids shall provide the person who receives the biosolids notice and necessary information to comply with the requirements in this article." Because Loudoun County Milling Company has not yet sent sludge to Loudoun Water, there is no example documentation. However Loudoun County Milling will be responsible to provide any information to Loudoun Water under 9 VAC 25-31-530.G that is required for Loudoun Water to comply with 9 VAC 25-31-530.F.
- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No  
If yes, provide a copy of all labels or notices that accompany the product being sold or given away.
- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If no, provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.  
Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported  
West, 0.1 miles on SR 706  
South, 0.1 miles on SR 711  
East, 14.3 miles on SR 7/SR 7 Bypass  
South, 1.8 miles on SR 606 (Loudoun County Parkway)  
Left into Broad Run WRF site.

7. Land Application of Bulk Sewage Sludge. NA

(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6; complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites: \_\_\_\_\_ dry metric tons
- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No  
If no, submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).
- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No  
If yes, describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.
- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

8. Surface Disposal. NA

(Complete Question 8 if sewage sludge from your facility is placed on a surface disposal site.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility placed on all surface disposal sites: \_\_\_\_\_ dry metric tons
- b. Do you own or operate all surface disposal sites to which you send sewage sludge for disposal?  
☐ Yes ☐ No  
If no, answer questions c - g for each surface disposal site that you do not own or operate. If you send sewage sludge to more than one surface disposal site, attach additional pages as necessary.
- c. Site name or number:
- d. Contact person:  
Title:  
Phone: (   )  
Contact is: ☐ Site Owner ☐ Site operator



- e. Mailing address.  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility placed on this surface disposal site: \_\_\_\_\_ dry metric tons
- g. List, on this form or an attachment, the surface disposal site VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the sewage sludge use or disposal practices at the surface disposal site:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Incineration. **NA**

(Complete Question 9 if sewage sludge from your facility is fired in a sewage sludge incinerator.)

- a. Total dry metric tons per 365-day period of sewage sludge from your facility fired in a sewage sludge incinerator: \_\_\_\_\_ dry metric tons
- b. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?  
\_\_\_Yes \_\_\_No  
If no, answer questions c - g for each sewage sludge incinerator that you do not own or operate. If you send sewage sludge to more than one sewage sludge incinerator, attach additional pages as necessary.
- c. Incinerator name or number:
- d. Contact person:  
Title:  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_Incinerator Owner \_\_\_Incinerator Operator
- e. Mailing address.  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- f. Total dry metric tons per 365-day period of sewage sludge from your facility fired in this sewage sludge incinerator: \_\_\_\_\_ dry metric tons
- g. List on this form or an attachment the numbers of all other federal, state or local permits that regulate the firing of sewage sludge at this incinerator:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Disposal in a Municipal Solid Waste Landfill. **NA**

(Complete Question 10 if sewage sludge from your facility is placed on a municipal solid waste landfill. Provide the following information for each municipal solid waste landfill on which sewage sludge from your facility is placed. If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.)

- a. Landfill name:
- b. Contact person:  
Title:  
Phone: ( ) \_\_\_\_\_  
Contact is: \_\_\_Landfill Owner \_\_\_Landfill Operator
- c. Mailing address.  
Street or P.O. Box:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- d. Landfill location.  
Street or Route #:  
County:  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- e. Total dry metric tons per 365-day period of sewage sludge placed in this municipal solid waste landfill:  
\_\_\_\_\_ dry metric tons
- f. List, on this form or an attachment, the numbers of all federal, state or local permits that regulate the operation of this municipal solid waste landfill:  
Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- \_\_\_\_\_
- g. Does sewage sludge meet applicable requirements in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq., concerning the quality of materials disposed in a municipal solid waste landfill?  
\_\_\_Yes \_\_\_No
- h. Does the municipal solid waste landfill comply with all applicable criteria set forth in the Virginia Solid Waste Management Regulation, 9 VAC 20-80-10 et seq.? \_\_\_Yes \_\_\_No
- i. Will the vehicle bed or other container used to transport sewage sludge to the municipal solid waste landfill be watertight and covered? \_\_\_ Yes \_\_\_ No  
Show the haul route(s) on a location map or briefly describe the route below and indicate the days of the week and time of the day sewage sludge will be transported.

FACILITY NAME: Loudoun County Milling Company WWTP VPDES PERMIT NUMBER: Not yet issued

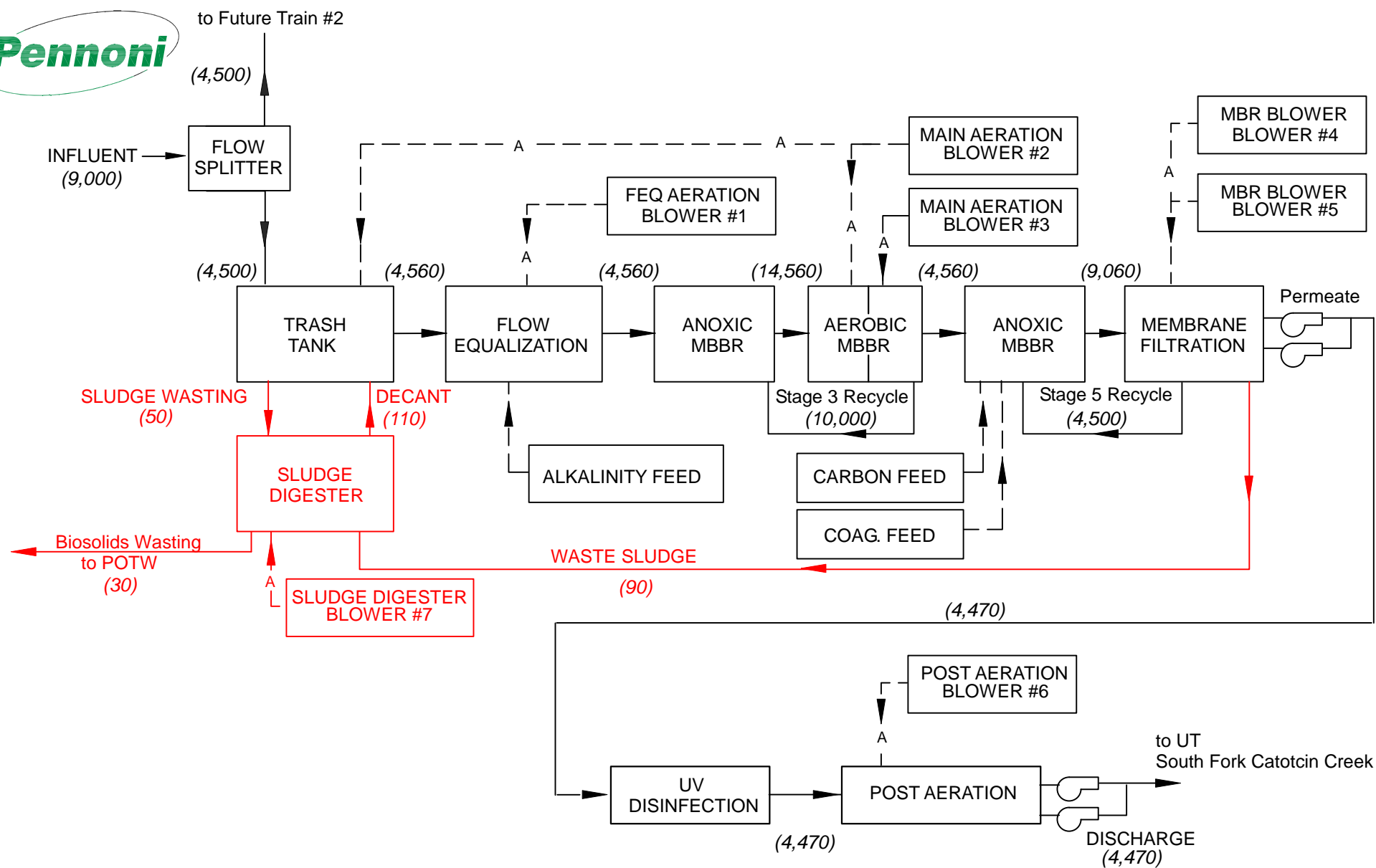
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Pres.

Signature Joseph M. Roguski Date Signed 5-19-16

Telephone number (540) - 338-7161

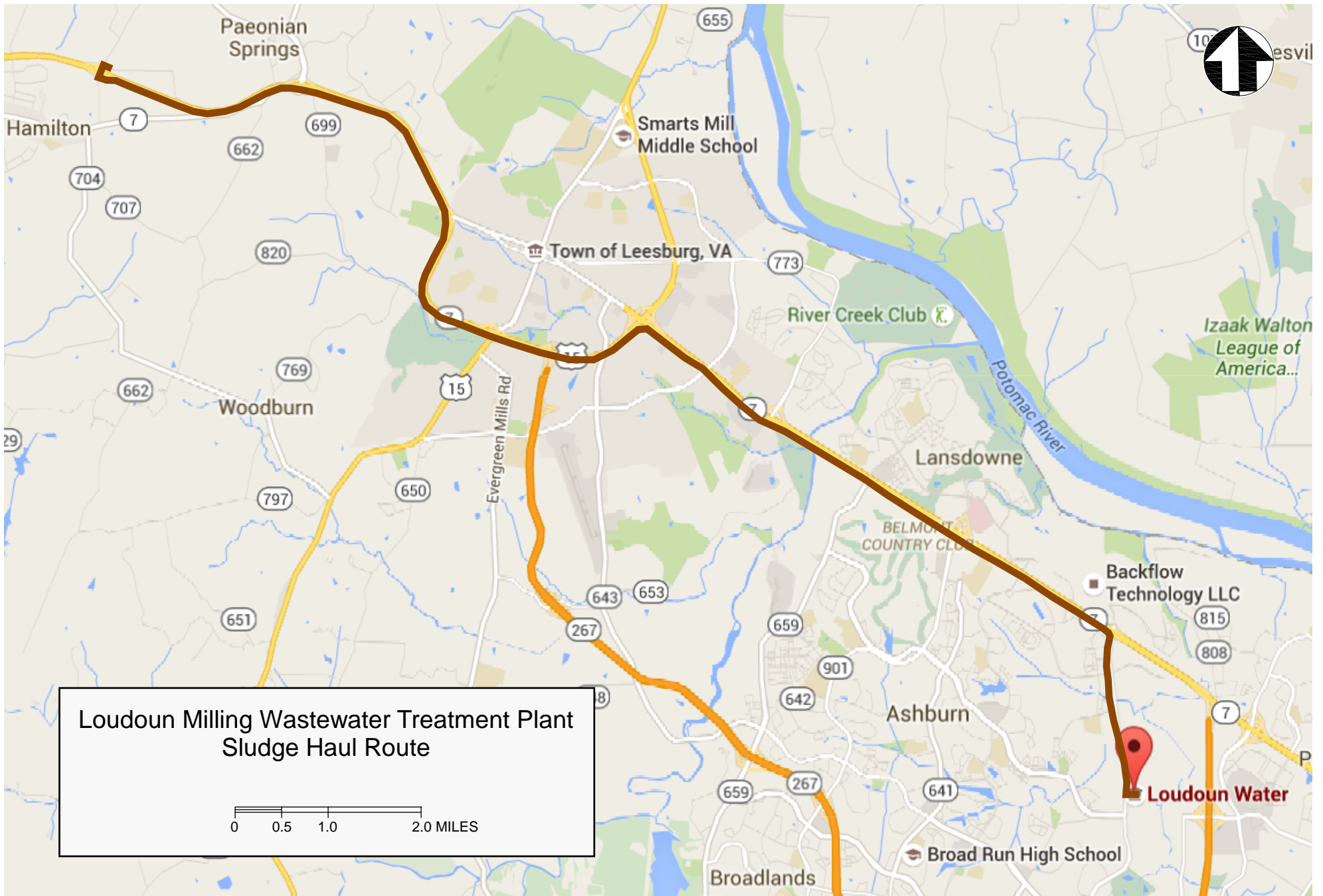
Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

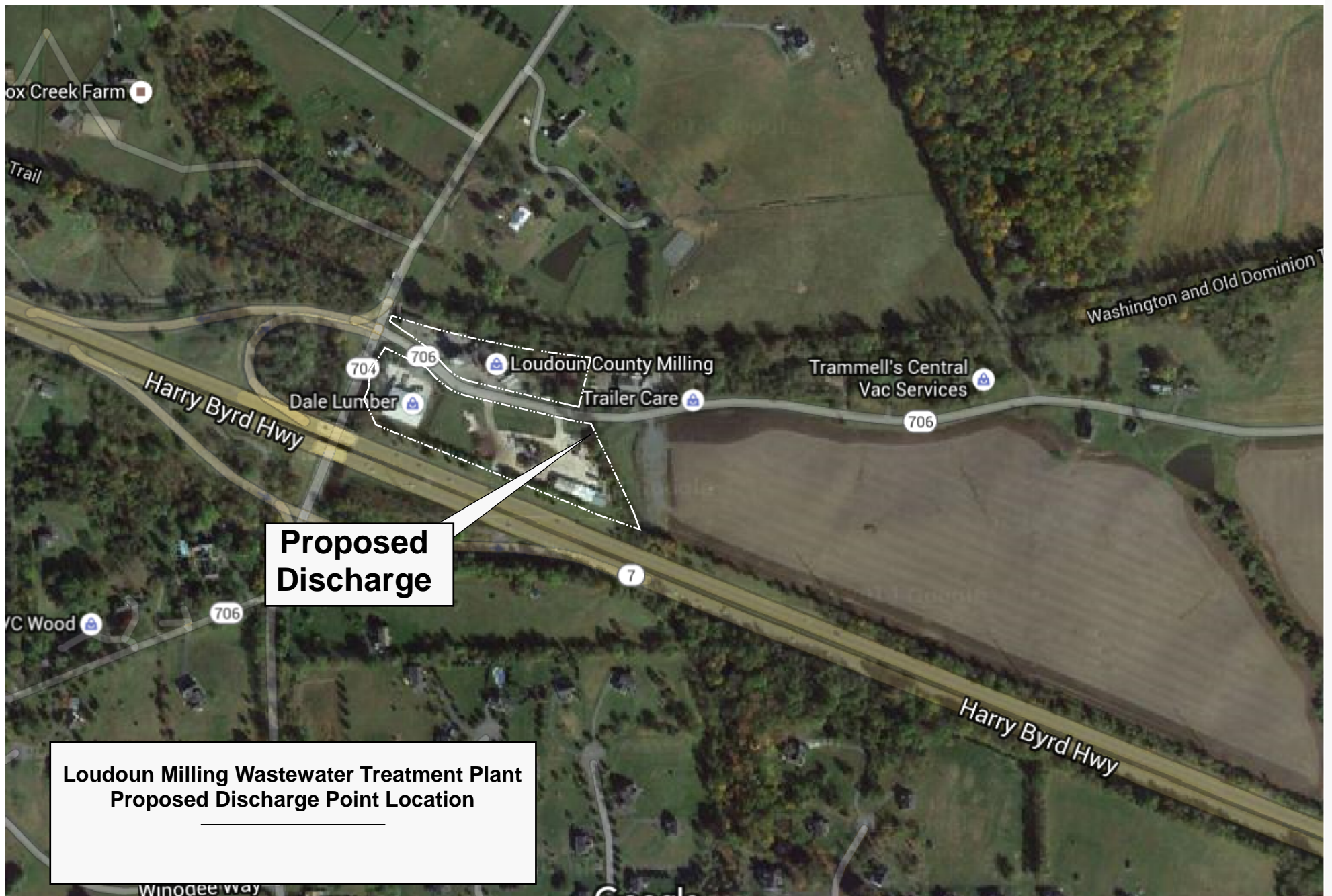


# LOUDOUN MILLING COMPANY PROPOSED WASTEWATER TREATMENT PLANT PROCESS SCHEMATIC

### Biosolids Processing Units Shown in Red

NOTES: Values in parentheses are average design flows in GPD.  
There will be two trains in parallel, each rated at 4,500 GPD each.





**Loudoun Milling Wastewater Treatment Plant  
Proposed Discharge Point Location**



